

***ADDRESS CHANGE**

☐ No
☐ *Yes (Make changes below)

Department of Commerce & Insurance
TENNESSEE CONTRACTOR'S LICENSE
NOTICE OF RENEWAL

For Office Use - Validation
 Contractor – Prof 1801 – Fee \$200

MAIL 30 DAYS PRIOR TO EXPIRATION!



Allow 5 to 7
 days for mail
 delivery!

RENEWAL FEE: \$200.00

****Late Fee (per month)** \$ 20.00

**Cannot renew if expired over 12 months

RETIREMENT: (See page 8) \$ 25.00/Year

Return to:

BOARD FOR LICENSING CONTRACTORS

***Mailing Address: **500 James Robertson Pkwy.,
 Nashville, TN 37243-1150**

Telephone: 800-544-7693 or (615) 741-8307 or Fax: (615) 532-2868

Email: Contractor.Renewal@tn.gov Website: <http://tn.gov/commerce/boards/contractors/>

LICENSE NAME: _____ **LICENSE ID#** _____

TELEPHONE: (____) _____ - _____ **FAX:** (____) _____ - _____ **EMAIL:** _____

***ADDRESS:** _____
 (Complete above portions to correct contact information OR if preprinted label not provided)

EXPIRATION DATE: _____ **MONETARY LIMIT:** _____

***Notice: The Board cannot
 accept fees at their physical
 office. All fees must be
 delivered to the cashier at the
 mailing address listed above.

DO NOT WRITE IN THIS SECTION / FOR OFFICE USE ONLY

___ **FEE** ___ **PENALTIES-** \$ _____; ___ **Address Chg Done** ___ **Limit Lowered:** \$ _____; ___ **SOS Active**

License W/C = \$ _____ **N/W =** \$ _____

PFS W/C (50%) = \$ _____ **FS N/W (50%) =** \$ _____

LOC = \$ _____ - (LOC at 50% if W/C is negative) ___ **GA/PFS Attached**

Total W/C = \$ _____ **N/W =** \$ _____

___ **Approved for Issuance** **Initial:** _____ **Date:** _____

___ **Qualifying Agent** ___ **Increase** ___ **Name Change** ___ **Transfer**

F/S Support Limit / Need Add'l Info: ___ **LOC -** \$ _____ ___ **PFS/GA or UFS** ___ **LL -** _____

Renewal Incomplete:

F/S: ___ **R or A** ___ **Notes** ___ **Per** ___ **Name** ___ **Contr** ___ **Date** ___ **Current** ___ **Company Only**

___ **SOS/In** ___ **W/C** ___ **G/L** ___ **Fee** ___ **Penalty \$** _____ ___ **Transfer/ Explanation**

Cont Aff: ___ **Seal** ___ **Notary** ___ **Contractor Sign** ___ **Incomplete** ___ **LOC on Board Format** ___ **G/A** _____

Other: _____

And/Or _____

___ **HOLD** ___ **Initial** ___ **Date** ___ **HOLD** ___ **Initial** ___ **Date**

CONTRACTOR'S LICENSE RENEWAL

If you prefer to "Retire" the license, complete page 8 in lieu of renewal form before expiration date

1. **FEES AND MAILING** [Attach \$200 fee to the renewal; check payable to "Contractor's Board"; include license ID# on check; make a copy of renewal before mailing]

- ♦Renewal fee: \$200 for a two (2) year period (*do not send cash*); Cannot accept Credit/Debit cards.
- ♦Late fees: \$20 per month (beginning the day after expiration date).
- ♦Expired 12 months or more; cannot renew and must complete new application for reinstatement.
- ♦Send to Board's mailing address as listed on page one (1); (*state mail takes up to 7 days!*)
- ♦If hand-delivering in lieu of mailing, the Board cannot accept fees at their physical location.
- ♦Please allow 30 days for our office to process. [Renewal is due 30 days prior to expiration]
- ♦Include change of address on page one (1) or complete the form from our website.

Note: Late renewals will indicate a "Delinquent" status until the renewal is issued (not received). Allow 5 to 7 business days for mail delivery.

2. **CONTRACTOR'S AFFIDAVIT** (See Page 3)

- ♦All questions must be answered on the "Contractor's Affidavit", signed and notarized with a visible seal. (If your state does not use a "seal", please make a note).
- ♦Corporations and LLC's must ensure they are active with the Secretary of State. You may Confirm at: <http://tnbear.tn.gov/Ecommerce/FilingSearch.aspx> (attach a copy showing "Active")
- ♦Changes, such as ownership or mode of operation, see supplemental instructions.

3. **FINANCIAL STATEMENT - CURRENT** (See Page 5)

(See Supplement pages 11-14 for the formula to calculate Working Capital and Net Worth)

- ♦Monetary Limit is \$1,500,000 or less - May use the enclosed form (page 5)
- ♦Monetary Limit is over \$1,500,000 – Must attach a "Reviewed" or "Audited" financial statement prepared by a licensed CPA (*or agree to lower limit in writing*):
 - Must include accountant's report, balance sheet, and notes to financial statement
 - Please have the CPA provide their State's license ID# on their opinion letter
 - If your corporate "year end" does not coincide with license expiration and it's more than 14 months (*not current*); may include a copy of prior year's statement from CPA, with a letter to the Board requesting to use until current is available, with an approximate date to be sent.
- ♦Name on the Financial Statement should be exactly the same as the name on the license.
- ♦Financial statement should have a date which includes the month, day, and year.
- ♦If utilizing more than 50% of life insurance cash value must supply documentation.
- ♦Current is no older than 12-14 months:
- ♦A financial statement is required for all renewals except "Spec Builder" licenses (*License Certificate will state "Spec Builder" and not "Contractor" with \$350,000 limit*)

4. **PROOF OF INSURANCE ATTACHED** (See Page 4)

- ♦Attach a "Certificate of Insurance" for **General Liability** and **Workers' Compensation**
- ♦Certificate must show "Policy" number (not "Binder" or "Account"); beginning and expiration dates, limits of insurance coverage; name as on license must appear in the insured box. "Contractor's Board" must be listed as "Policy Holder" on certificate.

Note: Workers' Compensation insurance is required for those with one (1) employee and by corporations. Effective March 28, 2011, new laws will change the exemptions for all owners. Will need to register and obtain FEIN# (*see our website for more information*).

You may check status at the "License Search" of our website or at: <http://verify.tn.gov> for updated expiration date.

For more renewal instructions, see "**Supplemental Renewal Instructions**" from the website at: <http://tn.gov/commerce/boards/contractors/documents/RenewalInstructBookletWeb.pdf>

CONTRACTOR'S AFFIDAVIT FOR RENEWAL (Please answer all questions!)

1. Mode of Operation: Sole Proprietor Corporation LLC Partnership

QUALIFYING AGENT (QA) - Person who tested (or designated if prior to exams) on behalf of licensed entity

2. Please list your current Qualifying Agent(s): (See SSN disclosure statement at bottom of form)

Qualifying Agent's Name	Title	XXX-XX- (last 4 digits SSN)
Qualifying Agent's Name	Title	XXX-XX- (last 4 digits SSN)

Should the Qualifying Agent (QA) leave, another must be designated within 90 days or license classification is considered invalid!

CORPORATION/LLC/PARTNERSHIP - - Not Applicable for single owner sole proprietor.

3. Please list up to four (4) of the major owners/officers/partners approved on license, title, and % of ownership.
(Corp status must be active; if not, cannot renew) Check at: http://tn.gov/sos/bus_svc/corporations.htm

1. _____	(Owner)	_____ %	3. _____	(Owner)	_____ %
2. _____		_____ %	4. _____		_____ %

ENVIRONMENTAL CONTRACTORS: -Not Applicable (Applies to Environmental Specialty classifications: S-A,B,C,D,E)

4. HAVE **HAVE NOT complied with Rule 0680-1-.16, which requires environmental contractors to keep up-to-date with applicable state and federal requirements and to notify the Board of any citations

LICENSE OPERATION CHANGES: -Not Applicable (If nothing is checked, "No" changes have been made; no new owners listed)

5. **Yes – The following has changed in the business operation: (**See supplemental instructions)

 Name Change – Fill out Name Change Forms- Available on our website (See Instruction Packet)

 Mode of Operation - Fill out Transfer / Change in Mode of Operation Forms (TCA 62-6-111)

 Ownership - May Require New Application – Need Details of Changes: _____ % (TCA 62-6-111)

 Merger – New Application Required for New License (TCA 62-6-111)

 Bankruptcy – New Application Required for New License (TCA 62-6-111(e)(2), 116(c); new app fee waived

**If there have been changes, please attach explanation and contact the Board for appropriate forms to complete, or obtain these from our website.*

INSURANCE COVERAGE ATTACHED: (Attachments/Response - Required to renew!)

6. Workers Compensation Coverage: No –*Zero Employees - Sole Proprietor/Partnership/LLC;

 Yes–Not Exempt –Has employee(s) or is a Corporation

7. General Liability Coverage: No – Cannot Renew Yes – Must supply coverage amount required

***Notice: Important changes to Workers' Compensation law will be effective March 28, 2011, in order to be exempt as owner.**

8 – 10: CONVICTIONS/JUDGMENTS/DISCIPLINE: (If nothing is checked, we assume you agree there are none.)

If an owner, qualifying agent or officer has felony convictions, since issuance of original license, please attach court documents with date of offense and probation release date. (If disclosed earlier, please mark; attachments do not need to be resubmitted.)

If you have court judgments from contracting complaints, or disciplined from any government agency, attach explanation

8. Convicted of a Felony: No **Yes - Must attach explanation with court documents

If yes, Date: _____; - Felony disclosed earlier and on file;

9. Judgments: No **Yes - Must attach information and explanation;

10. Discipline: No **Yes - Must attach information for revocation, citation, civil penalty, etc.

11. PLEASE COMPLETE, SIGN AND NOTARIZE

License ID#: 000 _____

As Owner/Officer, I certify I am authorized to renew this license on behalf of any other owner(s) approved for this license by the Board. Further, the above information with attached financial statement for the licensed entity is true and correct, to the best of my knowledge; attached is an explanation where required. I maintain the required workers' compensation and general liability insurance. Per TCA § 62-6-118(h), after a notice of hearing and charges, the board may refuse to renew a license for lack of financial stability, submission of false evidence, improper, fraudulent or dishonest dealing, felony conviction in any state, or pursuant T.C.A. § 56-1-313, if disciplined from another state. I am aware that ANY untrue statements are grounds for disciplinary action.

X

(OWNER/OFFICER SIGNATURE)	(TITLE)	SS or FEIN#
Affirmed, subscribed and witnessed before me this _____ day of _____, 20_____.		

My Commission Expires: _____

-SEAL-

Notary Public Signature: _____

*Disclosure: Social Security Number (SSN) is used for identification; not a part of public record. Authority: 42 USC 666.

**Attachments: Must attach additional information where applicable.

ATTACHMENT NEEDED – PROOF OF INSURANCE

All contractors must provide proof of **General Liability** insurance in the format listed below in order to renew or apply for a license (there are no exemptions). In addition, proof of **Workers' Compensation** is required unless you are considered exempt by law. Licenses cannot be renewed without proof of insurance coverage. If you do not have coverage due to not working, you may utilize the "Retirement" form to keep license in an inactive status to retain renewal rights. (Note: See website for important changes to Workers' Comp law effective 3/1/2011)

GENERAL LIABILITY

Please attach a "Certificate of Insurance" in the Board's required format and limits of coverage. The Board has established the following as a *minimum amount of coverage to obtain **general liability**, however, please check with your insurance provider, as they may advise to apply for more or additional coverage, based upon your individual needs and the amount of projects you perform.

Contractor's License Monetary Limit

***Minimum General Liability Insurance**

Up to \$500,000	\$100,000
\$500,001 to \$1,500,000	\$500,000
\$1,500,001 to Unlimited	\$1,000,000

WORKERS' COMPENSATION

If you have an employee or are a corporation, you must supply a "Certificate of Insurance" showing proof of Workers' compensation coverage. This law is regulated by the Department of Labor and Workforce Development and if you need clarification to the requirements or to confirm exemption, their website is at: <http://www.state.tn.us/labor-wfd/wcomp.html> **Effective March 1, 2011, new exemptions in law.**

The following law is regulated by the Department of Labor and Work Force Development: T.C.A. § 50-6-102(10) (A) "Employee" includes every person, including a minor, whether lawfully or unlawfully employed, the president, any vice president, secretary, treasurer or other executive officer of a corporate employer without regard to the nature of the duties of the corporate officials, in the service of an employer, as employer is defined in subdivision (11), under any contract of hire or apprenticeship, written or implied. Any reference in this chapter to an employee who has been injured shall, where the employee is dead, also include the employee's legal representatives, dependents and other persons to whom compensation may be payable under this chapter. More information may be obtained from the Department of Labor and Workforce's website at: <http://www.state.tn.us/labor-wfd/wcomp.html>

Requirements for Proof of Insurance

The Board requests a **Certificate of Insurance** (*available from your insurance agency*) which lists a **policy number** (*not binder or account number*), a **beginning and expiration date**, and **limits** of the insurance. The **name on the license** must match the **name in the insured box**. The "Contractor's Board" should be listed as the certificate holder.

Limits required to be listed on Certificate of insurance

The following information should be provided on the "Certificate of Insurance":

- Each occurrence (this value must comply with minimum requirements listed above)
- Damage to Rented Premises (each occurrence)
- Medical Expense (any one person)
- Personal & Adv Injury
- General Aggregate
- Products- comp/op agg

Submitting Proof of Insurance

Note: Do **not** send a "Certificate of Insurance" **loosely or separate from the renewal**. If you cannot supply with renewal, please provide a cover letter stating is for a pending renewal or **attach** to the "**Notice of Insurance**" (*may be obtained from our website*). This will ensure it is properly matched to the correct pending renewal for timely issuance.

CONTRACTOR'S BALANCE SHEET

License #:

License Name:

(Financial Statement must be in exact name as licensed)

Address:

Financial Statement as of:

20

Date:

(Month)

(Day)

(Year)

Mode of Operation:

☐

Sole Proprietor

☐

Corporation

☐

LLC

☐

Partnership

CURRENT ASSETS		Dollars Only	
	Cash on hand and in the Bank		
	Accounts Receivable (Within 1 year)		
	Trade		
	Employees		
	Other: (Itemize)		
	Costs in excess of billings on uncompleted contracts		
	Marketable Securities, Stocks, and Bonds		
	Inventories- Materials or Houses Built or Developed Lots for Sale		
	Retirement Plans (IRA; 401K; Profit Sharing) *Generally Only for Personal Financials		
	Cash Surrender Value of Life Insurance (<i>Not Face Value</i>) [May be required to supply documentation]		
	Prepaid Expenses (Insurance, Taxes, Interest, Rents, Other)		
	Other: (Itemize)		
A	Total Current Assets		
NON-CURRENT ASSETS			
	Accounts Receivable (amounts not due within 1 year)		
	Related Party Receivables		
	Long Term Investments		
	Land		
	Depreciable Assets		
	Buildings		
	Equipment		
	Tools		
	Vehicles		
	Other: (Itemize)		
B	Total Assets		
CURRENT LIABILITIES			
	Credit Cards (Balance)		
	Accounts Payable (Amount Due Within 1 Year)		
	Accrued Salaries and Wages		
	Billings in excess of costs (uncompleted contracts)		
	Equipment Encumbrances (Amount Due Within 1 year)		
	Real Estate Encumbrances (Amount Due Within 1 year)		
	Line of Credit (Balance)		
	Other: (Itemize)		
C	Total Current Liabilities		
LONG TERM LIABILITIES			
	Accounts Payable (Amount Due After 1 Year)		
	Equipment Encumbrances (Amount Due After 1 year)		
	Real Estate Encumbrances (Amount Due After 1 year)		
	Stockholder Payable		
	Other: (Itemize)		
D	Total Liabilities		
E	NET WORTH		
D + E	Total Liabilities and Net Worth		

Formula: Working Capital = A - C = \$

Net Worth = B - D = \$ (Same as "E")

GUARANTY AGREEMENT

***(Required with supplemental financial statements to increase working capital or net worth;
Or, by parent companies indemnifying subsidiaries)***

I/we, the undersigned person(s), natural or corporate, do hereby pledge and agree to guarantee the debts and obligations of the within named contractor for all debts and obligations arising out of the contracting activities of the Contractor as defined by TENNESSEE CODE ANNOTATED, section 62-6-101.

I/we the undersigned Guarantors agree and contract to pay any and all debts and obligations of said Contractor as provided for above should they fail and refuse to pay and/or default on same.

I/we the undersigned Guarantors, agree to furnish and supply the Board with any and all financial reports, statements and information to which they may request in order to provide evidence of my/our financial security and stability.

I/we understand and agree that where the words "indemnities" appear in Rule #0680-1-.13 of the rules of the Board, it shall be in reference to this document, its title and wording to the contrary.

This document and the obligation undertaken shall expire and shall become null and void upon expiration of any license granted the Contractor by the Board or upon joint request, in writing, of the undersigned Guarantors and the Contractor, with the approval of the Board, provided, however, that any and all debts and obligations for, or arising out of work in process, upon the expiration, nullification and/or cancellation of this agreement, shall be covered and the Guarantor(s) herein shall remain liable for same.

This **GUARANTY AGREEMENT** is being executed at the request of: **License ID# 000**

(NAME AS ON LICENSE)

the contractor to which this document is applicable for the express purpose of providing additional financial security and stability to, and for, said Contractor in order that they may obtain a license to engage in contracting in the State of Tennessee, Board for Licensing Contractors.

<p>Name of Guarantor <i>(Entity listed on supplemental financial statement)</i></p> <p>Print Name: _____</p> <p>Title: _____</p> <p>_____ ◆Signature of Corporate Official; or ◆◆Personal Guarantor</p> <p>_____ ◆◆Signature of Additional Personal Guarantor or Spouse</p> <p>*As a corporate official, I am fully authorized to bind and obligate corporation to the terms and conditions of this document as stated herein.</p>	<p>Signatures</p> <p>◆ Corporate Guaranty – Must be signed by Authorized Corporate Official.</p> <p>◆◆Personal Guaranty – Must be signed by all persons named on the Personal Financial Statement.</p> <p><i>(Attach Guaranty to Supplemental Financial Statement)</i></p>
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NOTARIZE

Affirmed/witnessed and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature

My Commission Expires: _____

- Seal -

◆Corporate financial statement submitted with the corporate official's signature is required.

◆◆ Personal financial statements submitted with the personal guarantor(s) signature is required by all persons named on financial statement, such as partners, spouse, etc., is required.

LINE OF CREDIT

*SAMPLE - TO BE WRITTEN ON BANK, SAVINGS & LOAN LETTERHEAD
(May be used to supplement Working Capital)*

DATE

TO: **CONTRACTOR LICENSED NAME** (Individual, Corporation, Partnership or LLC)
Address
City, State and Zip

RE: Contractor's License ID# 000

Dear Contractor:

You have requested of (Name of Bank, Savings & Loan (FDIC approved)) to establish a line of credit which will be available to (Name as on License) for use in conducting the contracting business for which a license is being sought from the State of Tennessee Board for Licensing Contractors.

We hereby establish a line of credit for these purposes in the amount of \$(Dollar Amount), which will be maintained for a period of one (1) year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board for Licensing Contractors of any significant change(s) in your financial condition during the term of this commitment.

We the undersigned will endeavor to notify the Board for Licensing Contractors should we become aware of any significant change(s) in financial conditions of the above named applicant.

The undersigned hereby agrees to notify the Board for Licensing Contractors should we withdraw and/or eliminate the above named applicant's credit line.

By
Name Title

SAMPLE LETTER -- FOR BANK USE ONLY

Contractor Instructions

- To increase the working capital, a contractor may take this **SAMPLE** "Line of Credit" (**LOC**) form to their bank.
- The LOC does not increase the net worth. (*DO NOT add to Financial Statement!*)
- If a contractor's working capital is negative, only 50% of the LOC's value is applied
- The LOC is for the contractor's use and may be utilized at any time by the contractor
- This **format's exact wording must be used** in order for the Board to consider accepting
- Original LOC document must be submitted; copies are not acceptable
- Name on LOC must be in the **EXACT NAME** as on the license and financial statement
- Lending institution must be a bank, savings and loan, which is FDIC approved

Fee

- o \$ 25.00 – Yearly Fee
- o \$200.00 (If expired); and
- o \$ 20.00 – Monthly Late Fee



Contractor Retirement Fee – Prof 1801- \$25/Yr
Xact #

License ID#

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS

Mailing Address: 500 JAMES ROBERTSON PARKWAY - NASHVILLE, TN 37243-1150
(615) 532-3985 or Toll Free: 1-800-544-7693

<http://tn.gov/commerce/boards/contractors/> Email: Contractor.Renewal@tn.gov

RETIREMENT OF LICENSE – APPLICATION

(If inactive, may place in retirement in lieu of renewing contractor's license)

FEE: \$25.00 – Yearly Retirement (Nonrefundable)

Total Enclosed: \$ _____

\$25.00 Fee for each year: _____ 1 Year _____ 2 Years

(If expired: _____ \$200.00 Renewal Fee; \$ _____ - Late Fee)

____ **NEW – Return with current license certificate and ID card**

____ **RENEW - Currently in a “Retired” Status**

- May retire for more than one (1) year; limited to seven (7) consecutive years; **\$25.00** annual fee
- If license is expired (**less than 12 months**), or it has been in retirement seven (7) years, must submit \$200.00 renewal fee and any late monthly fees;
- May not place in retirement if expired more than 12 months.
- Retirement of a license places it in an “inactive” status to allow renewal rights. Cannot bid or contract while the license is retired!

Government Agency Employee: ____ No ____ Yes: Agency: _____

Contractor's License # _____

Expiration Date: _____

(If expired, must pay \$200 and \$20 monthly late fee)

License Name: _____

Address: _____

(Address Change: ____ - No ____ - Yes)

Attach *active* license certificate and pocket ID card: ____ Yes ____ No- Explain: _____

Signature

Print Name

Title (Owner/Officer)

REASON FOR RETIREMENT: _____

(In an effort to provide better assistance, this information may be beneficial to address concerns in the industry. Thank you!)

PROCEDURES

New and Renewal Retirement Process

License must be active or have renewal rights in order to retire. Complete the above portion, sign and return with the \$25.00, **nonrefundable** retirement fee. Unless renewing retirement, include your current license I.D. pocket card and certificate. If license is expired, less than 12 months, please submit renewal fee (\$200.00) and late fees (\$20.00/month). Renewal fees paid prior to retirement are non-refundable. A contractor's license may be retired annually, up to seven (7) years, by submitting \$25.00 yearly at renewal time or while the license is current. However, if you pull out of retirement after paying more than one yearly fee, it is nonrefundable. Please be sure to renew retirement annually! Not required to complete “Notice of Renewal” to place the license in retirement!

Bringing out of Retirement

To bring a license **out of retirement**, complete the “Notice of Renewal” or download from our website at: <http://tn.gov/commerce/boards/contractors/>. Complete the renewal and submit with \$200.00 and a financial statement (a CPA/PA is not required to complete unless the monetary limit **exceeds \$1,500,000; no exams**). For further information, you may refer to statute T.C.A. § 62-6-126.

If the license was retired after renewing (due to lapse of insurance, etc.), the \$200 renewal fee does not need to be repaid to bring out of retirement, prior to expiration.

(May check status of license on the website at: <http://licsrch.state.tn.us/>)

IN1435 (Rev.8 /10)

-Office Use-

____ Issued - ____ Years (Less than 7 years)
____ Denied for ____ Cert/ID ____ Ren Fee ____ Exp
____ Need Open Ren Xact Canceled - ____
____ AL-13 to one year ____ \$200 fee paid

SUMMARY OF NEW LAWS, RULES & REGULATIONS

Be sure to check the Board's website for new legislation, laws and rules. The following is summary of changes from recent legislative sessions. Current laws, rules and regulations may be reviewed from the Board's website at: <http://tn.gov/commerce/boards/contractors/law.shtml>

2010 Legislation

PUBLIC CHAPTER NO. 1 and 1149 – Workers' Compensation Amendment

Effective March 28, 2011, must obtain a FEIN # in order to register for exemption as an owner.

PUBLIC CHAPTER NO. 768 – Masonry Bid Envelope Requirements

Requires masonry contractors to be listed on the outside of the bid envelope, for masonry portions (including materials and labor) over \$100,000.

PUBLIC CHAPTER NO. 801 – Electronic Bidding

Prohibits from requiring subcontractors license information to be provided prior to bid deadline.

PUBLIC CHAPTER NO. 950 – Masonry Subcontractors and Exam

Requires masonry subcontractors to be licensed by taking a "LMC" (Licensed Masonry Contractor) trade exam by January 1, 2011 in order to bid or perform work in excess of \$100,000 (including materials and labor). Trade exam to be available after 9/1/2010.

PUBLIC CHAPTER NO. 749 – Prohibited Liens from Unlicensed Home Improvement Contractors

Clarifies that unlicensed home improvement contractors, just as other contractors, are also prohibited from filing liens.

PUBLIC CHAPTER NO. 1055 – Criminal Violation/Punishment as Theft

A contractor who takes money without performing work is considered a felony.

2009 Legislation

PUBLIC CHAPTER NO. 482 (Unlicensed Contractor- Recovery)

Contractor required to be licensed under this chapter, limited to recovery of expenses.

PUBLIC CHAPTER NO. 483 (Contracts - Lien Waiver Rights Prohibited)

Contractor solicits any person to sign a contract requiring the person to waive a right of lien is in violation.

PUBLIC CHAPTER NO. 529 (TN Clean Energy Future Act of 2009 / Statewide Code)

State fire marshal shall enforce the statewide codes with regard to those buildings for which the local jurisdiction has not adopted...

PUBLIC CHAPTER NO. 792 (Geothermal HVAC Projects) July 1, 2008

Section 62-6-119 - Requires Tennessee Department of Environment and Conservation (TDEC) license number, classification (G, L or G,L) and the expiration date to be listed on the outside of bid envelope.

PUBLIC CHAPTER NO. 804 (Retainage) July 1, 2008

Section 66-11-144(g), Applicable to all prime contracts and all subcontracts for the improvement of real property when the contract amount of such prime contract is (\$500,000) or greater.

SENATE BILL 4039 (Energy Efficient Schools Initiative)

Title 4 and Title 49, relative to creating the Energy Efficient Schools Initiative (EESI).

RULE 0680-1-.25

Must contract in the name as licensed. *(Clarification of T.C.A. 62-6-114 and 119)*

Note: This is a summary and may review complete contents of the laws passed with the Tennessee General Assembly at: <http://www.legislature.state.tn.us/> or the Rules at: <http://www.state.tn.us/sos/rules/>

CHECK LIST – TENNESSEE CONTRACTOR’S LICENSE RENEWAL

If you prefer to “Retire” the license, complete page 8 in lieu of renewal form before expiration date

1. _____ **ATTACH FEE AND MAIL** - Attach **\$200** fee (*do not send cash*) to the renewal; make check payable to “Contractor’s Board”; include license ID# on check. Late fee is \$20 per month.
(Allow 5 to 7 business days for receipt and validation.) Be sure to keep a copy of renewal before mailing to:

**Contractor’s Board
500 James Robertson Pkwy.
Nashville, TN 37243-1150**

2. _____ **CONTRACTOR’S AFFIDAVIT – PAGE 3** – Please complete, sign and have notarized.
3. _____ **Corporations and LLC’s**, please attach a copy of the “*Business Filing Information*” which may be downloaded from the Secretary of State’s office, to ensure “Active” status. You may print from: <http://tnbear.tn.gov/Ecommerce/FilingSearch.aspx>
4. _____ **FINANCIAL STATEMENT** - Please attach a current financial statement or complete **page 5** (*if the monetary limit is \$1,500,000 or less*). Please have your CPA provide their license ID number on their opinion letter for contractors with a limit in excess of \$1,500,000.
- a. _____ **Guaranty Agreement with Supplemental Financial Statement** – May be required if owned by another entity (licensee is a subsidiary); or to supplement working capital and net worth (**page 8**). ♦Must be notarized♦
- b. _____ **Line of Credit** – May be used to supplement “Working Capital” (**page 7**).
5. _____ **PROOF OF INSURANCE ATTACHED – General Liability**. Please attach a “Certificate of Insurance” for General Liability Insurance in the correct coverage amount (**page 4**).
6. _____ **PROOF OF INSURANCE ATTACHED – Workers’ Compensation**. Attach “Certificate of Insurance” for Workers’ Compensation. Current exemptions apply to those with no employees unless a corporation (**page 4**). Effective 3/28/2011, all owners must register to obtain exemption.
7. _____ **LAW/RULE CHANGES** – Review important law changes from the summary (**page 9**).
8. _____ **LICENSE ISSUANCE** - Verify at <http://verify.tn.gov> for updated expiration date.

For further instructions, please review detailed supplemental instructions at the Board’s website at: <http://tn.gov/commerce/boards/contractors/documents/RenewalInstructBookletWeb.pdf>

*To hand-deliver to the “Cashier’s Office”, it is located at: 500 James Robertson Parkway, Davy Crockett Tower. However, our *physical address is located next door at the Andrew Johnson Tower, Third Floor; 710 James Robertson Parkway. *Note: Fees and deliveries are not accepted at our physical location.*

The Tennessee Department of Commerce and Insurance is committed to principles of equal access and affirmation action. Contact the EEO or ADA Coordinator at (615) 741-2177.